

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013414

Entity Name: HIGHLAND CASSIDY, LLC

FILED  
Feb 26, 2009  
Secretary of State

## Current Principal Place of Business:

250 AVE K SW  
SUITE 103  
WINTER HAVEN, FL 33880

## Current Mailing Address:

250 AVE K SW  
SUITE 103  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

3020 S. FLORIDA AVENUE  
SUITE 101  
LAKELAND, FL 33803

## New Mailing Address:

3020 S. FLORIDA AVENUE  
SUITE 101  
LAKELAND, FL 33803

FEI Number: 01-0710974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSIDY, ALBERT B  
250 AVE K SW  
SUITE 103  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HIGHLAND EQUITIES, I, NC.  
Address: 3020 S FLORIDA AVE STE 101  
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Delete  
Name: CASSIDY PROPERTIES,, INC.  
Address: 250 AVE K SW SUITE 103  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALBERT B. CASSIDY

MGR

02/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date